

Registration District No. 861 Primary Registration District No. 6127 Registrar's No. 12

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Taney

(b) City or town Rural Beaver Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0
(Specify whether years, months or days)

In this community 0
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo.

(b) County Taney

(c) City or town Rural Beaver Twp
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Lilly Belle Mc Dade

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22 year 1942 hour _____ minute _____ M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Mc Dade

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 19, 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 15 1942 to Feb 22 1942 that I last saw her alive on Feb 15 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>5</u>	<u>3</u>	_____ hr. _____ min.

Immediate cause of death Chronic Myocarditis
Coronary thrombosis 12/27

Due to Myocardial necrosis

Due to _____

Other conditions Small intestine
(Include pregnancy within 3 months of death)

9. Birthplace Christian Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations 1318

Of autopsy _____

11. Industry or business Housewife

12. Name Henry Walker

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Faurey Smith

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Gene Forman

(b) Address Bradleyville, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Feb 23 42
(Month) (Day) (Year)

(c) Place: burial or cremation Bradleyville

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 4-4-42
(Date received local registrar)

(b) Madeline Brown
(Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature W. H. G. [Signature]
(M. D. or other)

Address _____ Date signed 4/14/42

1107

RECEIVED

District Health Officer No. 6,

District File Number 442-473

Date Filed APR 9 1942

MAY 23 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.